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FACSIMILE COVER SHEET

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TOTAL N	UMBER OF PAGES BEING SI	ENT (INCLUDING COVER SHEET): 14				
[] Origin	al documents to follow by mail	[X] No originals will be sent				
DATE:	July 2, 2004					
TO:	Examiner Paul A. Group Art Unit 3739	FAX #: 1-703-872-9306				
PHONE #:	1-703-305-8621					
Application Applicant: Due Date:	n No.: 10/041,705 Peterson et al. July 5, 2004	OUR REF.: 2992.02US02				
FROM: PHONE #:	Brad Pedersen (612) 349-5774	· · · · · · · ·				
Atta	ached please find the following f	or filing in the above-identified application.				
(1) Amendment in response to Office Action dated April 5, 2004.						
Date	July 2, 2004	Respectfully submitted, Brad Pedersen Registration No. 32,432				
	CERTIFICATE OF	FACSIMILE TRANSMISSION				
I hereby certify on the date show Date	that this paper is being transmitted by facs: wn below. July 2, 2004	mile to the U.S. Patent and Trademark Office, Fax No. 703-872-9306 Brad Pederson				
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Customer No. 24113 Patterson, Thuente, Skaar & Christensen, P.A. Attorney Docket No. 2992.02US02

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Minneapolis, Minnesota 55402-2100

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AMENDMENT TRANSMITTAL

In re the application of:

Peterson et al.

Confirmation No.: 5457

Application No.:

10/041,705

Examiner: Pantuck, B.C.

Filed:

January 8, 2002

Group Art Unit: 3739

For: BIOABSORBABLE SURGICAL CLIP WITH ENGAGEABLE EXPANSION STRUCTURE

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Enclosed are:

[X]	Amendment (eleven (11) pages).
[]	Petition for Extension of Period for Response.
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The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	17	- 44	= 0	x 9	5		x 18	S
Indep.	5	5	=0	x 43	S		x 86	\$
Mult. Dep.			= :	+ 145	S		+ 290	\$
				TOTAL	\$0	OR	TOTAL	S

^[] First Presentation of Multiple Dependent Claim [MDC]

If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 10/041,705

[X] Applicants are entitled to small entity status in accordance with 37 CFR 1.27.
 [] A check in the amount of \$\(\frac{1}{2}\) is attached. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,

Brad Pedersen Registration No. 32,432

CERTIFICATE OF PACSIMILE TRANSMISSION

I hereby certify that this paper is being	transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No.	1-703-872
9306 on the date shown below.		

07/02/2004 12:59 FAX 6123499266

Date

Brad Pedersen

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Attorney Docket No.: 2992.02US02

Peterson, et al.

Confirmation No.: 5457

Application No.:

10/041,705

Examiner: Pantuck, B.C.

Filed:

January 8, 2002

Group Art Unit: 3739

For: BIOA

BIOABSORBABLE SURGICAL CLIP WITH ENGAGEABLE EXPANSION

STRUCTURE

AMENDMENT AND RESPONSE

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action of April 5, 2004, amendment to the above-identified patent application is requested.

The present amendment comprises the following sections:

- A. Amendments to the Claims
- B. Remarks

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

CERTIFICATE OF FACSIMILE TRANSMISSION

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9306 on the date shown below.	$\mathcal{O}(\mathcal{O})$	0	,

July 2, 2004
Date

Brad Pedersen